

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000007400**

1. Entity Name

**Books for Thought, INC.**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90004 016 \*\*\*150.00

Principal Place of Business

Mailing Address

**10910 N. 56th St.  
Tampa, FL 33617**

**C0070834**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Felecia Wintons  
6924 Trout St  
Tampa, FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **President**  
NAME: **Felecia Wintons**  
STREET ADDRESS: **6924 Trout St.**  
CITY-ST-ZIP: **Tampa, FL 33617**  
☐ Delete

TITLE: **Director**  
NAME: **Melvin Wintons JR**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Change ☒ Addition

TITLE: **Vice President**  
NAME: **Donna Wintons James**  
STREET ADDRESS: **2612 N.W. 68th Ave.**  
CITY-ST-ZIP: **Gainesville, FL 32653**  
☐ Delete

TITLE: **Director**  
NAME: **Marlon Wintons**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Change ☒ Addition

TITLE: **Secretary**  
NAME: **Melvin Wintons**  
STREET ADDRESS: **6924 Trout St.**  
CITY-ST-ZIP: **Tampa, FL 33617**  
☐ Delete

TITLE: **Director**  
NAME: **William Wintons**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Change ☒ Addition

TITLE: **Treasurer**  
NAME: **Lillie M. Wintons**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Delete

TITLE: **Director**  
NAME: **Katherine D. Wintons**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Change ☒ Addition

TITLE: **Director**  
NAME: **Marilyn Wintons Kelly**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Delete

TITLE: **Director**  
NAME: **Brenda Wintons Jackson**  
STREET ADDRESS: **Rt 6 Box 525-2**  
CITY-ST-ZIP: **Lake City, FL 32025**  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Director**

Date

Daytime Phone #

**3/29/01 (813) 988-6363**

CR2E034 (11/00)